

MEMORANDUM

8

Recreation Services

To: Parks, Recreation & Cultural Resources Commission
Through: Bonnie Greiner, Recreation Services Manager
From: Tom Owen, Interim Recreation Services Supervisor
Subject: Youth Sports Assistance Fund Requests
Date: August 31, 2006

Background:

On June 20, 2006, the Milpitas City Council approved; and appropriated \$8,000.00 for the Youth Sports Assistance Fund for the 2006 – 2007 budget year. Included in the Commission packet for review and consideration are three (3) Organizational Youth Sports Grant applications and one (1) Individual Youth Sports Grant application.

One (1) Individual Youth Sports Grant application was received from the **Nastassia Hamor requesting \$500.00** to offset costs of traveling to Lincoln, Nebraska on September 2 – 9, 2006 for a swim meet including camping, meals and other related travel expenses.

Three (3) Organizational Youth Sports Grant applications were received from **Milpitas Youth Soccer Club, Milpitas North Little League and the Red Devils requesting \$1,000 each.** **Milpitas Youth Soccer Club**, to provide coaches training Rule 101 and a referee clinic. **Milpitas North Little League** to offset traveling expenses for Senior All Stars to Oregon and to offer scholarships towards families that cannot afford enrollment fees. **The Red Devils** to offset expenses for a Las Vegas Tournament, October 27 – 29, 2006.

Applicants meet the eligibility for the grant process. Staff has reviewed the items requested and has found that the requested items meet the application guidelines.

There is currently a **balance of \$6,500** in the 2006 – 07 Youth Sports Assistance Fund.

Recommendation:

Staff is recommending that the PRCRC review and approve three (3) Organizational Youth Sports Grants for the Milpitas Youth Soccer Club \$1,000, Milpitas North Little League, \$1,000, Red Devils, \$1,000 and one (1) Individual Youth Sports Grant for \$500 to Nastassia Hamor, **leaving a balance of \$3,000 for the remainder of the fiscal year.**

Please advise should you require any further information.

4M 9/7 owl
10:46am
4M 9/7 ohome
10:46am

received
8/3/6 J2

City of Milpitas
Application for Sports Assistance Fund
Individual Request

PART I Individual Information

Name Nastassia A. Hamor
Address 1280 Gingerwood Drive
Telephone (day) 408-806-6330 cell (evening) 408-935-8023 home
Age 15 School attends Milpitas High School

PART II Event/Program Information

Amount you are requesting \$ 500.00
Sport you are participating in: Inline Speed Skating
Name of contest/event/competition: Inline Speed Skating Nationals
Date: 7/16 - 7/21
Location: Nebraska - Lincoln
How long have you been participating in this event as an amateur athlete?: 5 years

What additional sponsorship funds are you receiving for this event?: None

Indicate source of those funds: Mom

Summary of how/where City funds would be used: Airline flight, hotel, food,
+ registration for event

Who will be the other participants in this event? Kids from all over the United States
And where is their home base? Representative State

How does this event fit into this sport's overall competitive picture county-wide or state-wide? State wide

Who is the sanctioning/governing body of this event/contest/competition? USA Roller Sports
Lincoln, Nebraska
Address: 4730 South Street, Lincoln, NE 68506
Event Director: Richard Hawkins
Phone #: 402-483-7551 phone www.usarollersports.org

- 2 -

Revenue: (Sources of funds and breakdown, admissions, concessions, other grants, donations, user fees, etc.) Be specific.

	<u>Amount</u>
Airfare United 7/15 - 7/22/2006	\$ 422.72
Hotel Embassy Suites - 5 people - Nas' portion	\$ 227.50
Registration 32x7 days	\$ 235.00
Food (\$20/day x 7) Cash	\$ 140.00
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$ 1,025.22

Assurances

THE APPLICANT HEREBY PROPOSES to provide the event/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as applicant or parent/guardian of applicant, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 08/03, 2006
18

Nastassia A. Hamon
(Applicant)

Parent/Guardian:
(If under 18 yrs.)

Relationship to
Applicant:

mom

CITY OF MILPITAS
Youth Sports Grant Applicant
Travel Information Sheet

Name of Individual: Nastassia A. Hamor
Address: 1280 Gingerwood Dr., Milpitas CA 95035
Telephone (day): 408-806-6330 (evening): 408-935-8023 home
cell

Budget summary of travel expenses:
Be specific by indicating length of stay, main transportation carrier (i.e. American Airlines, Avis, etc.)

Travel Destination: Lincoln, Nebraska
Tournament/Competition Dates: 7/16 - 7/21/06

Transportation:

Airline: <u>United Airlines</u>	\$ <u>422.72</u>
Car (rental and/or own): _____	\$ _____
Bus: _____	\$ _____
Train: _____	\$ _____
Other: _____	\$ _____

Registration/Tournament /Entry Fee:

Administration Cost: _____	\$ <u>235.00</u>
----------------------------	------------------

Food:

Number of Days: 7 days left on 7/15 - left 7/22 arrived \$ 140.00

Lodging:

Hotel: <u>Embassy Suites \$32/night</u>	\$ <u>227.50</u>
Motel: _____	\$ _____
Other: _____	\$ _____

Additional Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Travel Expenses:\$ 1,025.22



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Officer Patrick

PetreaHamor

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ToddDivorce

pictures

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Date: Wed, 14 Jun 2006 13:09:32 -0700

Subject: FW: Your STA Travel Order

From: "Deborah Alpers" <totallydeb@sbcglobal.net> [View Contact Details](#) [Add Mobile Alert](#)
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To: "wendy dearaujo-hamor" <wendyhamor1@yahoo.com>

Hi Wendy,

Okay, I found something that would work on the STA Travel for \$422.72 each.

I used your credit card just to keep both tickets together and make it easier. I will bring you a check tomorrow night to practice to cover the ticket.

We are leaving real early on Saturday morning because I wanted the 4pm return flight on the 22nd and that was the only option I got for the 422.00 price. If that is too early, maybe nas can spend the night here before we leave. Or we can meet up in the way early morning =). The same flights on united.com were 490.00 a piece.

Cool, this should work out.

Talk to you soon,

-d

----- Forwarded Message

From: <auto-confirm@statravel.com>
Date: Wed, 14 Jun 2006 12:56:50 -0700
To: <totallydeb@sbcglobal.net>
Subject: Your STA Travel Order

Thank You For Your Order
Please save this information for your record

ORDER CONFIRMATION NUMBER: IQPHXY

SHIPPING/BILLING INFORMATION

Shipping Address: 1280 Gingerwood Dr



See your
credit score: \$0



Free Sony Vaio.
Get Yours Now!



Bad Credit
Refinance Rates



Earn a degree
in 1 yr.

Address line 2 :
City : Milpitas
State : CA
Zip : 95035
Email : totallydeb@sbcglobal.net

Shipping Method: Standard

PAYMENT INFORMATION

Payment Type : MasterCard
Card Number : XXXXXXXXXXXX5047
Card Expiration : 10/31/2008

PRODUCT INFORMATION

Deborah Alpers

Nastassia Hamor

Leave: July 15, 2006

United Airlines 576

Depart 06:20 AM San Jose Intl., (SJC)

Arrive 09:50 AM Denver Intl., (DEN)

United Airlines 6706

Depart 10:41 AM Denver Intl., (DEN)

Arrive 01:00 PM Lincoln, (LNK)

Return: July 22, 2006

United Airlines 6748

Depart 04:11 PM Lincoln, (LNK)

Arrive 04:36 PM Denver Intl., (DEN)

United Airlines 723

Depart 05:26 PM Denver Intl., (DEN)

Arrive 07:01 PM San Jose Intl., (SJC)

Price Per Passenger: \$412.72

Quantity: 2

Total Price for all Passengers: \$825.44

Total Taxes, Surcharges and Fees: \$20.00

Total Order Charges: \$845.44

422.72 each

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WENDY L DEARAUJO-HAMOR
1290 GINGERWOOD DR
MILPITAS, CA 95035-2428

521

07/13/06

80-2267/1211 3888

DATE

PAY TO THE ORDER OF Deborah Alpers \$ 227.50

Two-hundred twenty-seven and 50/100 DOLLARS

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usbank
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Account #: 153453778026 Date Processed: 06/28/06 Check #: 512 Amount: \$235.00

WENDY L DEARAUJO-HAMOR
1280 GINGERWOOD DR
MILPITAS, CA 95035-2428

512
06/27/06
90-2267/1211 3888

DATE

PAY TO THE ORDER OF MST \$ 235.00

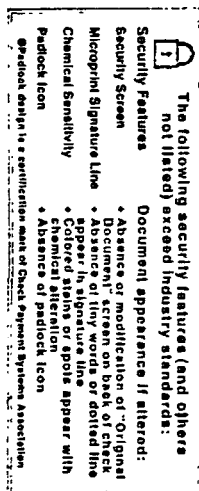
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usbank.com
Nastassie

FOR National fees

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Spoke
w/ Mr. Gupta
10:50 am

603 Cardiff place
Milpitas
9

received
8/21/14 JO

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization MILPITAS YOUTH SOCCER CLUB
Address 88 S. PAVIL VICTORIA #135 MILPITAS CA 95035
Contact Person NIRANJAN GUPTA
Telephone (day) 348-4509 (evening) 946-7406
Describe purpose of your organization: PROVIDE YOUTH SOCCER
OPPORTUNITIES TO COMMUNITY

How long has this organization been providing youth sports activities in Milpitas? _____

Non-profit I.D. # 71-0942423

PART II Activity/Program Information

Amount you are requesting \$ 1000

Summary of proposed activity/project/program (include specifically where/how City funds would be used):
PROVIDE COACHES TRAINING RW 101, "F" LICENSE,
REFEREE CLINIC AND FIELD LIXING FOR YOUTH
SOCCER ACTIVITY

Identify other organizations who provide partial or similar activities in this community: MILPITAS
PAL SOCCER

Identify proposed activity/project/program goals and objectives: BETTER SERVE
YOUTH THROUGH IMPROVED AND BETTER
COACHES/PARENTS, REFEREE TRAINING

Who is predominantly served by this program? YOUTH AGES 4-18

How will this grant enhance your existing program? BETTER, COACHES/PARENTS
TRAINING AND BETTER REFEREE (THROUGH TRAINING)
WILL PROVIDE YOUTH TAG BETTER PROGRAM.

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization? DO FUND RAISE THAT
CAN ALIENATE MEMBER SHIP.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested):

COACHES TRAINING SOCCER 101 RUFF \$250 + Referee Clinic \$422 +
COACHES "P" LICENSE BOOKS \$405, FIELD LINES - \$642

Brief budget summary of activity:

Expenses: (administration, rentals, services, supplies, travel, etc.)

Be Specific.

	Amount
ADVERTISING	\$ 332
CYSA INSURANCE FEE	\$ 6178
PRINTING MAILING	\$ 2312
SOCCER BALLS, PUMPS, BAGS, VESTS ETC	\$ 3368
GOALS, FIELD LINES, CLINICS	\$ 2424
UNIFORMS	\$ 12240
AWARDS TROPHIES	\$ 7284
PICTURES	\$ 2094
TOTAL	\$ 36,232

PART IV Background Information

Describe current activities and scope of services provided:

PROVIDE BOTH SPRING AND FALL 2006 YOUTH
 SOCCER PROGRAM THAT SERVED 80+ YOUTH OF MILPITAS

Main geographical service area:

MILPITAS

Describe user and/or participant eligibility requirements:

MUST SHOW PROOF OF AGE 4-18

Organization Statistics (participation totals)

	Numbers of
Boys	295
Girls	134
Participants under 8 years of age	130
" " 11 years of age	97
" " 14 years of age	124
" " 18 years of age	78
" over 18 years of age	-

Assurances

THE APPLICANT HEREBY PROPOSES to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 8/18 ²⁰⁰⁶
~~19~~

MILPITAS YOUTH SOCCER CLUB
(Agency Name)

Representative: NIRANJAN Gupta

Title: VP

RCS_46162_V

4M 10:52am
839-7178

received
8/16/6
42

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization RED DEVILS
Address 123 BEACON DRIVE, MILPITAS, CA 95035
Contact Person DENISE AMES
Telephone (day) 408-839-7198 (evening) 408-839-7198
Describe purpose of your organization: FALL BASEBALL TEAM

How long has this organization been providing youth sports activities in Milpitas? 4 years

Non-profit I.D. # 91-2197926

PART II Activity/Program Information

Amount you are requesting \$ 1,000.00

Summary of proposed activity/project/program (include specifically where/how City funds would be used):

The funds would be used for purchasing equipment, group insurance for team, transportation in the Las Vegas tournament (team van), meals in Las Vegas we purchase food, water, snacks for the kids while there

Identify other organizations who provide partial or similar activities in this community: to cut down on cost. It was also help pay the town fee
MILPITAS LITTLE LEAGUE, HIGH SCHOOL BASEBALL TEAM

Identify proposed activity/project/program goals and objectives: To teach leadership, teamwork and to help improve/enhance baseball skills

Who is predominantly served by this program? the boys on the team
20 boys under 18 years of age

How will this grant enhance your existing program? This grant will allow us to purchase equipment needed in order to provide instruction during practice/practice games. & to help subsidize our travel in Las Vegas.

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization? Our team also does fundraising - we host baseball tournaments, usually about 3-4 tournaments in Milpitas. If the funds aren't granted or reduced then we would have to host more and play less in order to enter into the Las Vegas tournament. Las Vegas is very competitive and we play teams from all over the U.S.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): _____

Brief budget summary of activity:

Expenses: (administration, rentals, services, supplies, travel, etc.)

Be Specific.

OCT 27-29, 2006

	<u>Amount</u>
Vegas- large passenger van (3 days)	\$ \$ 200
Vegas- meals, drinks (3 days)	\$ \$ 300-450
Team Insurance	\$ \$ 100
Baseballs, whiffle balls, etc.	\$ \$ 250-300
Las Vegas town. fee	\$ \$ 595.00
gas for passenger van in Vegas	\$ \$ 100.00
TOTAL	\$ \$ 1545 - 1745.00

PART IV Background Information

Describe current activities and scope of services provided:

Our main objective for this team has always been to improve the baseball skills of our boys that live in Milpitas/San Jose area. To teach teamwork and to keep them playing ball year round thru MHS Little League & Fall Ball

Main geographical service area:

Milpitas / San Jose

Describe user and/or participant eligibility requirements:

There really aren't any requirements. All boys come to tryouts and we pretty much keep anyone that wants to play - Our coaches just spend more time on this boys that skills need to be worked on & fine tuned.

Organization Statistics (participation totals)

	<u>Numbers of</u>
Boys	✓
Girls	_____
Participants under 8 years of age	_____
" " 11 years of age	_____
" " 14 years of age	_____
" " 18 years of age	20
" over 18 years of age	_____

Assurances

THE APPLICANT HEREBY PROPOSES to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE August 15, 2006

Red Devils
(Agency Name)

Representative: Denise Ames
Title: Team Manager

RCS_46162_V

CITY OF MILPITAS
Youth Sports Grant Applicant
Travel Information Sheet

Name of Individual: Red Devils
Address: 123 Beacon Drive, Milpitas CA 95035
Telephone (day): 408-839-7198 (evening): 408-839-7198

Budget summary of travel expenses:
Be specific by indicating length of stay, main transportation carrier (i.e. American Airlines, Avis, etc.)

Travel Destination: Las Vegas
Tournament/Competition Dates: Oct. 27-29, 2006

Transportation:

Airline: <u>Southwest</u>	\$ <u>\$300 / person</u>
Car (rental and/or own): <u>Jan</u>	\$ <u>\$200</u>
Bus: <u>—</u>	\$ <u>—</u>
Train: <u>—</u>	\$ <u>—</u>
Other: <u>—</u>	\$ <u>—</u>

Registration/Tournament /Entry Fee:

Administration Cost: tourn fee \$ \$595.00

Food:

Number of Days: 3 days \$ 450.00
(15 boys - \$10 / each x 3 days)

Lodging:

Hotel: <u>—</u>	\$ <u>\$200 / each room</u>
Motel: <u>—</u>	\$ <u>—</u>
Other: <u>—</u>	\$ <u>—</u>

Additional Expenses:

<u>—</u>	\$ <u>—</u>
<u>—</u>	\$ <u>—</u>
<u>—</u>	\$ <u>—</u>

Total Travel Expenses: \$ 1745.00

Spoke with
10:47am
2/7

received
8/1/6/12

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization MILPITAS NORTH LITTLE LEAGUE
Address _____
Contact Person MIKE GREEN
Telephone (day) 408-849-3928 (evening) SAME
Describe purpose of your organization: YOUTH BASEBALL

How long has this organization been providing youth sports activities in Milpitas? 45
Non-profit I.D. # 940475440 LEAGUE ID#
4055912

PART II Activity/Program Information

Amount you are requesting \$ \$1000.00

Summary of proposed activity/project/program (include specifically where/how City funds would be used):
1 SET OF SAFETY BASES
OFF SET TRAVEL EXPENSES OF SENIOR ALL-STARS TO
OREGON. SCHOLARSHIPS TOWARDS FAMILIES WHICH
CAN'T AFFORD ENROLLMENT FEES

Identify other organizations who provide partial or similar activities in this community:
M.L.L.S.

Identify proposed activity/project/program goals and objectives: TEACH AND ENCOURAGE
TEAMWORK, LEADERSHIP SKILLS, GOOD CITIZENSHIP

Who is predominantly served by this program? MILPITAS YOUTH BOYS CLUB
5-18 YEARS OF AGE

How will this grant enhance your existing program? SAFETY BASES REDUCE INJURIES
GRANT ALLOW LOW INCOME FAMILIES TO PARTICIPATE
TRAVELING ALL STARS ONCE IN A LIFETIME EXPERIENCE FOR OUR
YOUTH TO MEET KIDS FROM OTHER STATES

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization?

WE DO HAVE OTHER FUND RAISERS BUT W/O GRANT
WOULD NOT BE ABLE TO OFFER SAME QUALITY PROGRAM

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): _____

Brief budget summary of activity:

Expenses: (administration, rentals, services, supplies, travel, etc.)

Be Specific.

	<u>Amount</u>
<u>EQUIPMENT</u>	\$ <u>5000.00</u>
<u>LEAGUE EXPENSE</u>	\$ <u>8000.00</u>
<u>PHONE MAILING ADVERTISING</u>	\$
<u>CHARTER, DISJUNCT DISTRICT FEE</u>	\$
<u>UNIFORMS</u>	\$ <u>6000.00</u>
	\$
	\$
	\$
TOTAL	\$

PART IV Background Information

Describe current activities and scope of services provided:

Main geographical service area:

DIXON TO CALAVERAS
880 - 680

Describe user and/or participant eligibility requirements:

5 - 18 YEARS OLD
PHYSICALLY FIT

Organization Statistics (participation totals)

Numbers of

Boys	_____
Girls	_____
Participants under 8 years of age	<u>100</u>
" " 11 years of age	<u>20</u>
" " 14 years of age	<u>15</u>
" " 18 years of age	<u>25</u>
" over 18 years of age	_____

Assurances

THE APPLICANT HEREBY PROPOSES to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE AUG 17TH 2006

MILPITAS NORTH LITTLE
(Agency Name)

Representative: MIKE GREEN

Title: Vice President

RCS_46162_V

CITY OF MILPITAS
Youth Sports Grant Applicant
Travel Information Sheet

Name of Individual: _____

Address: _____

Telephone (day): _____ (evening): _____

Budget summary of travel expenses:
Be specific by indicating length of stay, main transportation carrier (i.e. American Airlines, Avis, etc.)

Travel Destination: _____

Tournament/Competition Dates: _____

Transportation:

Airline: _____	\$ _____
Car (rental and/or own): _____	\$ _____
Bus: _____	\$ _____
Train: _____	\$ _____
Other: _____	\$ _____

Registration/Tournament /Entry Fee:

Administration Cost: _____	\$ _____

Food:

Number of Days: _____	\$ _____
-----------------------	----------

Lodging:

Hotel: _____	\$ _____
Motel: _____	\$ _____
Other: _____	\$ _____

Additional Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Travel Expenses:	\$ _____
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